

Certification as a Professional Art Therapist

SPECIFIC APPLICATION INSTRUCTIONS

1.) IF YOU CURRENTLY HOLD OR HAVE EVER HELD CERTIFICATION AS A CERTIFIED ART THERAPIST BY THE ART THERAPY CREDENTIALS BOARD, INC. YOU MUST DO THE FOLLOWING:

- A.) Complete and sign Section 1 of the application;
- B.) Send a copy of documentation indicating receipt of certification as an art therapist by the ATCB; and
- C.) Send a check or money order made payable to the Kentucky State Treasurer in the amount of **\$200.00.****

***2.) IF YOU CURRENTLY HOLD OR HAVE EVER HELD REGISTRATION AS A REGISTERED ART THERAPIST BY THE ART THERAPY CREDENTIALS BOARD, INC. YOU MUST DO THE FOLLOWING:**

- A.) Complete and sign Section 1 of the application;
- B.) Send a copy of documentation indicating receipt of registration as an art therapist by the ATCB; and
- C.) Send a check or money order made payable to the Kentucky State Treasurer in the amount of **\$200.00.****

***3.) IF YOU HAVE A MASTER'S OR DOCTORAL DEGREE IN ART THERAPY FROM AN ACCREDITED INSTITUTION, BUT DO NOT HOLD REGISTRATION OR CERTIFICATION AS AN ART THERAPIST WITH THE ATCB YOU MUST DO THE FOLLOWING:**

- A.) Complete and sign Section 1 of the application;
- B.) Complete Section 2(a) of the application, which relates to your supervised internship experience. Your degree must include 600 hours of supervised internship experience.
- C.) Complete Section 2(b) of the application, which relates to your supervised postgraduate experience. The board will evaluate your minimum of 1,000 client contact hours of postgraduate experience in the practice of art therapy.
- D.) Complete Section 2© of the application, which relates to the supervision of your postgraduate experience. A minimum of 100 hours of appropriate supervision is required. A minimum of 50 hours of supervision shall be from a credentialed art therapist and the remaining 50 hours may be received from a qualified professional with at least a master's degree in another mental health profession.
- E.) If your supervisor is credentialed by the ATCB, please send a copy of their certification. If your supervisor is not credentialed by the ATCB, please send a copy of their curriculum vita.
- F.) Request that a certified copy of your graduate degree transcript be sent from the registrar of the institution directly to the board; and
- G.) Send a check or money order made payable to the Kentucky State Treasurer in the amount of **\$200.00.****

***4.) IF YOU HAVE A MASTER'S OR DOCTORAL DEGREE WHICH IS IN A RELATED FIELD BUT DO NOT HOLD REGISTRATION OR CERTIFICATION AS AN ART THERAPIST WITH THE ATCB, YOU MUST DO THE FOLLOWING:**

- A.) Complete and sign Section 1 of the application;
- B.) Complete Section 2(a) of the application, which relates to your supervised internship experience. Your degree must include 700 hours of supervised internship experience.
- C.) Complete Section 2(b) of the application, which relates to your supervised postgraduate experience. The board will evaluate your minimum 2,000 client contact hours of postgraduate experience in the practice of art therapy.
- D.) Complete Section 2© of the application, which relates to the supervision of your postgraduate experience. A minimum of 200 hours of appropriate supervision is required. A minimum of 100 hours of supervision shall be from a credentialed art therapist and the remaining 100 hours may be received from a qualified professional with at least a master's degree in another mental health profession.
- E.) If your supervisor is credentialed by the ATCB, please send a copy of their certification. If your supervisor is not credentialed by the ATCB, please send a copy of their curriculum vita.
- F.) Complete Section 3 of the application, which relates to coursework. You must enter the courses which you believe are appropriate to fulfill each of the core areas;
- G.) Request that a certified copy of your graduate degree transcript be sent from the registrar of the institution directly to the board; and
- H.) Send a check or money order made payable to the Kentucky State Treasurer in the amount of \$200.00.**

***NOTE: All candidates for certification under 2, 3, and 4 stated above must sit for and successfully pass the National Examination. After approval of your application, you will be sent an application to sit for the exam.**

****NOTE: If your application is denied, you will receive a refund for the Initial Certification fee of \$100.00. The Application fee of \$100.00 is non-refundable.**

KENTUCKY BOARD OF CERTIFICATION FOR PROFESSIONAL ART THERAPISTS
P.O. BOX 1360
FRANKFORT, KY 40602
www.state.ky.us/agencies/finance/occupations/art

APPLICATION FOR CERTIFICATION AS A PROFESSIONAL ART THERAPIST

PLEASE TYPE OR PRINT ALL INFORMATION

SECTION 1 – GENERAL INFORMATION

1. _____
Name: *Last* *First* *Middle*
2. _____-_____-_____
Social Security Number
3. _____
Mailing Address: *Street* *City* *State* *ZIP*
4. _____
Telephone Number: *(Home)* *(Work)*
5. ____/____/_____
Date of Birth
5. Have you ever been convicted of a misdemeanor or a felony? ____ Yes ____ No.
If yes, what offense(s)? Give details and attach any supporting documentation you may have. _____

6. Are you credentialed as a professional art therapist in any other state? ____ Yes ____ No. If yes, please list
the state(s) and the title of the credential. _____
7. Has your certification in KY or certification or licensure in any other state ever been suspended or revoked?
____ Yes ____ No. If yes, please give details. _____

8. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position,
from any professional training program, or from the program of any university? ____ Yes ____ No. If yes,
please give details. _____
9. Do you hold certification ____ or registration ____ with the Art Therapy Credentials Board?
____ Yes ____ No. If yes, please check the appropriate level and send verification.
10. Have you ever been disciplined by ATCB, AATA or by any other professional association? ____ Yes ____ No.
If yes, please give details. _____

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board.

Date: _____ Applicant's Signature _____
(Sign your name – Do not print or type)

SECTION 2 – PART A – EDUCATION & PRACTICUM / INTERNSHIP

SCHOOL	NAME & LOCATION	DATES ATTENDED		DATE OF GRADUATION		#OF HOURS OR CREDITS	DEGREES OBTAINED/ MAJOR
		FROM	TO	MONTH	YEAR		
UNDER-GRAD							
GRADUATE							

Art Therapy Practicum / Internship

EDUCATIONAL INSTITUTION (Not Practicum Site)	COURSE NUMBER	FACULTY SUPERVISOR(S)	DATES TO/FROM	TOTAL NUMBER OF PRACTICUM HOURS

SECTION 2 – PART B – EXPERIENCE

Begin with your present or most recent job and list fully and accurately the details of each job you have held relating to your professional experience. If you have additional sites of experience, please copy and complete this section.

Employed: <i>From:</i> Mo. ____ Yr. ____ <i>To:</i> Mo. ____ Yr. ____ Title of Position: _____ Name of Employer: _____ Name of Supervisor: _____	Describe Your Duties: _____ _____ _____ Total Cumulative Number of Client Contact Hours for Duration of Employment : _____
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Employed: <i>From:</i> Mo. ____ Yr. ____ <i>To:</i> Mo. ____ Yr. ____ Title of Position: _____ Name of Employer: _____ Name of Supervisor: _____	Describe your Duties: _____ _____ _____
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SECTION 2 – PART C – VERIFICATION OF SUPERVISION
(To be completed by Supervisor)

SUPERVISOR'S NAME: _____ PROFESSIONAL CREDENTIALS: _____

SIGNATURE: _____

NUMBER OF HOURS OF SUPERVISION: _____

DAYTIME TELEPHONE: () _____ DATE: _____

ADDITIONAL SUPERVISOR (If applicable):

SUPERVISOR'S NAME: _____ PROFESSIONAL CREDENTIALS: _____

NUMBER OF HOURS OF SUPERVISION: _____

DAYTIME TELEPHONE: () _____ DATE: _____

ADDITIONAL SUPERVISOR (If applicable):

SUPERVISOR'S NAME: _____ PROFESSIONAL CREDENTIALS: _____

NUMBER OF HOURS OF SUPERVISION: _____

DAYTIME TELEPHONE: () _____ DATE: _____

ADDITIONAL SUPERVISOR (If applicable):

SUPERVISOR'S NAME: _____ PROFESSIONAL CREDENTIALS: _____

NUMBER OF HOURS OF SUPERVISION: _____

DAYTIME TELEPHONE: () _____ DATE: _____

ADDITIONAL SUPERVISOR (If applicable):

SUPERVISOR'S NAME: _____ PROFESSIONAL CREDENTIALS: _____

NUMBER OF HOURS OF SUPERVISION: _____

DAYTIME TELEPHONE: () _____ DATE: _____

ADDITIONAL SUPERVISOR (If applicable):

SUPERVISOR'S NAME: _____ PROFESSIONAL CREDENTIALS: _____

NUMBER OF HOURS OF SUPERVISION: _____

DAYTIME TELEPHONE: () _____ DATE: _____

ADDITIONAL SUPERVISOR (If applicable):

SUPERVISOR'S NAME: _____ PROFESSIONAL CREDENTIALS: _____

NUMBER OF HOURS OF SUPERVISION: _____

DAYTIME TELEPHONE: () _____ DATE: _____

SECTION 3 – CURRICULUM GUIDELINES

A minimum of twenty-one (21) graduate credit hours or thirty-one (31) quarter hour credits or 315 clock hours in art therapy are required. Please list courses completed for each component and appropriate other information.

Component	Educational Institution	Course Number & Title	Dates To/From	Credit Hours
History of Art Therapy				
Theory of Art Therapy				
Techniques of Practice in Art Therapy				
Application of Art Therapy in people with different settings				
Psychopathology				
Assessment of patients and diagnostic categories				
Ethical and legal issues of Art Therapy practice				
Standards of good practice in Art Therapy				
Matters of cultural diversity bearing on the practice of Art Therapy				

